



Official copies of your school transcript can be requested and processed when a stamped and sealed copy of your academic record is required. Requests for official transcripts require the signature of the student/alumnus requesting the transcript.

Personal Information

Full Name: _____ Date of Birth: _____

Year of Graduation or last year enrolled at Doulos: _____

Grade: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate/Alumni

Transcript Information

Purpose of your transcript:

___ International College ___ DR College ___ Study Abroad Program
 ___ Transfer ___ Other: _____

Language of Transcript: ___ Spanish ___ English

Do you wish to pick up your transcript? ___ Yes ___ No

How many do you wish to pick up? _____

How many transcripts would you like to be mailed? _____

If applicable, by what date do the transcripts need to be sent? _____

Name of Institution:	Address of Institution:

Student Authorization

By signing you are authorizing Doulos to disclose your transcript information. I understand that this request will be processed only if signed by the student or an authorized person.

Student Signature: _____ Date: _____

If requesting on the behalf, please specify your relationship. I am the students:

___ Parent ___ Guardian Name of parent/guardian: _____